FAIRCHILD HEALTHCARE CENTER, INC.			
331 NORTH STREET, PO BOX 99			
FAI RCHI LD 54741 Phone: (715) 334-4311		Ownershi p:	Corporati on
Operated from $1/1$ To $12/31$ Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	48	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	48	Average Daily Census:	41
Number of Residents on 12/31/00:	40		

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Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/00)	Length of Stay (12/31/00) %
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year 1 - 4 Years	30. 0 60. 0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5. 0	More Than 4 Years	10. 0
Day Servi ces	No	Mental Illness (Org./Psy)	42. 5	65 - 74	15. 0		
Respite Care	No	Mental Illness (Other)	10. 0	75 - 84	37. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	***************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	2. 5	Full-Time Equivale	nt
Congregate Meals	No	Cancer	2. 5			Nursing Staff per 100 R	esi dents
Home Delivered Meals	Yes	Fractures	2. 5		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	7. 5	65 & 0ver	95. 0	[
Transportation	No	Cerebrovascul ar	17. 5			RNs	8. 4
Referral Service	No	Di abetes	7. 5	Sex	%	LPNs	5. 9
Other Services	No	Respi ratory	7. 5			Nursing Assistants	
Provi de Day Programming for	İ	Other Medical Conditions	2. 5	Male	52 . 5	Aides & Orderlies	38. 2
Mentally Ill	No			Female	47. 5		
Provi de Day Programming for	i		100. 0				
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

				Medicaid (Title 19) 0tl			0th	Other Private			Pay]	Manageo	d Care	Percent		
			Per Die	m		Per Dier	m		Per Die	n		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100. 0	\$98.00	27 1	00.0	\$95. 14	1 :	100. 0	\$106.09	8	100.0	\$98.00	0	0.0	\$0.00	40	100.0%
Intermedi ate				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0. 0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100. 0		27 1	00.0		1 :	100. 0		8	100. 0		0	0.0		40	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 28.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 3. 6 Baťhi ng 5.0 50.0 **45.** 0 40 17. 5 Other Nursing Homes 7. 1 **Dressing** 30. 0 52. 5 40 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals **53.** 6 Transferring 22.5 42.5 **35.** 0 40 17.5 30.0 52. 5 40 3.6 Toilet Use 3.6 Eating 65. 0 15. 0 20. 0 40 Other Locations ****** 0.0 Total Number of Admissions 28 Continence Special Treatments Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 5.0 12. 5 Private Home/No Home Health 20.7 Occ/Freq. Incontinent of Bladder 52. 5 0.0 Private Home/With Home Health 20.7 Occ/Freq. Incontinent of Bowel 52. 5 0.0 Other Nursing Homes 13.8 10.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 0.0 Mobility 2. 5 Physically Restrained 7. 5 0.0 52. 5 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 2. 5 Deaths 44.8 With Pressure Sores Have Advance Directives 65.0 Total Number of Discharges With Rashes Medications 5.0 (Including Deaths) Receiving Psychoactive Drugs 72.5

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Propri etary		Unde	Under 50		Skilled		
	Facility	Peer	Peer Group		Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	85. 4	82. 5	1.04	87. 9	0. 97	84. 1	1. 02	84. 5	1.01
Current Residents from In-County	47. 5	83. 3	0. 57	72. 9	0. 65	83. 5	0. 57	77. 5	0.61
Admissions from In-County, Still Residing	25. 0	19. 9	1. 26	31. 0	0.81	22. 9	1. 09	21. 5	1. 16
Admissions/Average Daily Census	68 . 3	170. 1	0.40	70. 7	0. 97	134. 3	0. 51	124. 3	0. 55
Discharges/Average Daily Census	70. 7	170. 7	0.41	76. 4	0. 93	135. 6	0. 52	126. 1	0. 56
Discharges To Private Residence/Average Daily Census	29. 3	70.8	0.41	14. 6	2. 00	53. 6	0. 55	49. 9	0. 59
Residents Receiving Skilled Care	100	91. 2	1. 10	86. 1	1. 16	90. 1	1. 11	83. 3	1. 20
Residents Aged 65 and Older	95. 0	93. 7	1. 01	97. 8	0. 97	92. 7	1. 02	87. 7	1.08
Title 19 (Medicaid) Funded Residents	67. 5	62. 6	1. 08	59. 8	1. 13	63. 5	1.06	69. 0	0. 98
Private Pay Funded Residents	20. 0	24. 4	0. 82	37. 1	0. 54	27. 0	0.74	22. 6	0.89
Developmentally Disabled Residents	0. 0	0.8	0.00	1.4	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Résidents	52 . 5	30.6	1.71	36. 6	1.44	37. 3	1.41	33. 3	1. 57
General Medical Service Residents	2. 5	19. 9	0. 13	13. 0	0. 19	19. 2	0. 13	18. 4	0. 14
Impaired ADL (Mean)	58. 0	48. 6	1. 19	50. 6	1. 15	49. 7	1. 17	49. 4	1. 17
Psychological Problems	72. 5	47. 2	1. 54	63. 4	1. 14	50. 7	1. 43	50. 1	1.45
Nursing Care Required (Mean)	10. 6	6. 2	1. 73	8. 0	1. 32	6. 4	1. 65	7. 2	1.49